

**INSTRUCTIONS:** Submit original and one copy to the Office of the Assistant Secretary for Administration, Main Commerce, Room 5830 HCHB, at least **15 DAYS** prior to the beginning of the trip. Request shall include specific justification for **EACH** leg of the trip for which EXTRA FARE accommodations are requested. Policy and guidelines for use of extra fare accommodations are contained in DOC Travel Handbook 1-3.3d. A copy of the CD-29, Travel Order, must be attached.

## REQUEST FOR APPROVAL OF EXTRA FARE AIR ACCOMMODATIONS

1. NAME OF TRAVELER		2. TITLE AND GRADE		3. DATE OF REQUEST	
4. BUREAU NAME/ORGANIZATIONAL UNIT		5. OFFICIAL DUTY STATION		6. OFFICE PHONE NUMBER	
7. TRAVEL ORDER NUMBER		8. PERIOD OF TRAVEL <div><div></div><div></div></div>		BEGINNING DATE ENDING DATE	
9. (a) ITINERARY (as shown on the CD-29 Travel Order)					
(b) PORTION OF TRAVEL FOR WHICH APPROVAL OF EXTRA FARE IS BEING REQUESTED					
10. SPECIFIC JUSTIFICATION FOR USE OF EXTRA FARE AIR ACCOMMODATIONS MUST BE INCLUDED FOR EACH LEG OF THE TRIP					
11. NAME OF AIRLINE(s) AND FLIGHT NUMBER(s)			12. COSTS—Specify <input type="checkbox"/> ONE WAY OR <input type="checkbox"/> ROUND TRIP  • Cost of Extra Fare \$ _____ <input type="checkbox"/> Business/Clipper <input type="checkbox"/> First Class • Cost of Coach Fare \$ _____ • Additional Cost: \$ _____		
13. SIGNATURE AND TITLE OF REQUESTING OFFICIAL/DATE					
14. (a) SIGNATURE OF AUTHORIZING OFFICIAL					
APPROVED AS REQUESTED (Date) Assistant Secretary for Administration		APPROVED AS MODIFIED BELOW (Date) Assistant Secretary for Administration		DISAPPROVED (Date) Assistant Secretary for Administration	
14. (b) MODIFICATION(s) (if applicable)					